Aims. To improve the quality of care received by service users of Electroconvulsive Therapy (ECT) treatment in Lincolnshire Partnership Foundation Trust (LPFT) by measuring the compliance of the local ECT clinic in Lincolnshire in accordance with National Institute of clinical excellence guidance and ECT accreditation services standards.

Methods. Pre-audit work up includes consultations with ECT clinic lead and stake holders to ensure ethical and governance standard are met. This audit is conducted with the permission of trust quality and safety team.

Sample population is identified from ECT clinic registry, Lincoln. A total of 10 patients who received ECT treatment between January 2023 and August 2023 are included regardless whether the necessary information is available on the clinical system or not, to minimise selection bias. Retrospective data collection by using Rio electronic case records. Descriptive analysis of data using Microsoft Excel and evaluation of results is based on 3 key domains such as indication, consent process and monitoring.

Results. A total of 10 service users, comprising 30% males and 70% females, underwent treatment in both inpatient (80%) and outpatient (20%) settings, primarily for severe depressive illness. In 70% of cases, a pre-ECT assessment was documented to evaluate potential risks and benefits. The consent procedure was completed by a psychiatrist in 70% of instances. However, ongoing consent was not consistently reviewed at each ECT treatment.

Baseline monitoring using the Clinical Global Impression and Comprehensive Psychopathological Rating Scale was conducted in 20% of cases, with no follow-up assessments performed after each treatment. The Montgomery–Åsberg Depression Rating Scale was employed at baseline for 40% of patients, yet there was no evidence of weekly monitoring. While the Montreal Cognitive Assessment was administered to all patients at baseline, it was not conducted after every four treatments.

Post-ECT follow-up data revealed that less than a quarter of patients underwent clinician reviews. Validated rating scales were utilized in no more than a fifth of patients at both one week and two months after treatment.

Conclusion. The findings suggest the need for improved documentation of the entire consent process and in regularly assessing the ongoing validity of consent. Moreover, there is a need for stronger monitoring at baseline, during, and after ECT treatment. It is recommended to revise the local ECT record pathway by December 2023, with a follow-up re-audit scheduled for March 2024 to evaluate the effectiveness of the implemented changes.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Driving Status in Patients Admitted to Acute Psychiatric Ward and DVLA Advice

Dr Kerenza MacDaid*, Dr Faryal Rana and Dr Reuben Tagoe

Surrey and Borders Partnership, Guildford, United Kingdom
*Presenting author.

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Aims. DVLA guidance is very clear about patients not driving during or shortly after episodes of acute mental illness. There is an obligation for patients to inform the DVLA if they are unwell. The obligation for doctors to inform the DVLA if the patient chooses not to, and continues to drive when they should not, is also well known.

This audit aims:

1. To identify the number of patients whose driving status was recorded following their admission to an acute psychiatric ward.
2. To identify the number of patients discharged with correct DVLA compliant advice.
3. To identify the number of patients whose notes reflected correct driving status information on discharge.

Methods. Patient ward notes and discharge summary documents relating to their admission on to the PICU ward were examined retrospectively for recorded evidence of patient's driving status and any documented DVLA advice given. Patients admitted from November 2022 and April 2023 were reviewed. 68 patients were identified and systematic sampling techniques identified a sample of 30 patients.

Keyword search included "Driving", "License", "Car", "Driving license", "DVLA".

Results. 30 patients were reviewed in total.

40% of sample patients had no driving status recorded on their notes.

Of the 60% of sample patients who were confirmed to be driving/held license, nearly half (47%) had no recorded advice documented regarding the DVLA or driving after an acute MH illness on discharge.

A third (33%) of sample patients were recorded as having been given generic advice regarding driving only.

Only 20% of sample patients recorded to be driving, were documented as having been given correct advice as per DVLA guidance on discharge.

Conclusion. This audit demonstrated that driving status is currently poorly recorded in patients admitted to PICU and documentation of correct DVLA-compliant driving advice being given on discharge to relevant patients is also poor. Patients may not be receiving important information that they need.

Providing correct and accurate advice to patients regarding the DVLA rules and psychiatric illness should be part of a safe and robust discharge plan, and forms part of the clinical teams obligations to the patient. Identifying patients as drivers and improved documentation of driving status and evidencing appropriate advice being given is key.

A number of interventions were implemented and a re-audit will be undertaken in Spring 2024. If successful at improving rates of DVLA compliant advice being given, it would be hoped these interventions could be shared across the trust.

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Monitoring of Blood Clozapine Levels After a Change in Smoking Status for Patients Treated With Clozapine: A Clinical Audit From Hull Community Mental Health Team

Dr Kamran Mahmood*, Dr Odira Anakebe, Dr Keshia Theobalds-Ward and Dr Madhu Gulati

Humber Teaching NHS Trust, Hull, United Kingdom
*Presenting author.

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Aims. According to The Medicines and Healthcare products Regulatory Agency (MHRA) Drug safety update in August 2020 regarding clozapine, monitoring blood clozapine levels for toxicity is now advised in certain clinical situations such as when a patient stops smoking or changes to e-cigarette.

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Aim of this audit was to determine whether blood clozapine levels are being performed in patients on clozapine when there has been a change in patient's smoking status from two localities, East and West Hull community mental health team.

Because there is a risk of significant blood clozapine change within 3–5 days post starting or stopping smoking which consequently increases the risk of toxicity, we also looked at whether a medical review was undertaken post change in smoking status in order to review if any adjustment was required in current clozapine dose.

Methods. A list of Hull CMHT patients on clozapine was obtained from local clozapine clinic. The data comprised patients who were on clozapine from both localities of CMHT between October 2022 to October 2023.

Data was obtained retrospectively from Trust's patient electronic record system.

Eligibility criteria was set for the patient on clozapine to be a current smoker, or have been a smoker over last 12 months. Non-smokers and the ones on clozapine without a change in smoking status over the duration period were excluded.

58 patients were identified to be smokers and taking clozapine. Change in smoking status was documented in 21 instances, and therefore included in final analysis of results.

Results. 42.86% patients had a clozapine blood level check post smoking status change.

19% of patients from our sample had a medical review after change in smoking status within the duration time of audit.

Conclusion. We concluded that compliance with current MHRA guidelines in relation to blood clozapine levels and change in smoking status is quite poor in Hull CMHT and measures are needed for improvement.

We recommend that every patient with a change in smoking status must have blood clozapine level checked within a week of any change in smoking status and a medical review in two weeks. We identified some scope of improving current clozapine monitoring form on electronic system and recommend changes by adding a section where change in smoking status is recorded.

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Patient-Led Lifestyle Questionnaire to Help Improve Lifestyle Interventions Offered to Patients

Dr Kuljit Mandair[1]* and Dr Louisa James[2]

[1]Black Country Healthcare Foundation NHS Trust, Black Country, United Kingdom and [2]Hereford and Worcestershire Healthcare NHS Foundation Trust, Worcestershire, United Kingdom
*Presenting author.

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Aims. Maintaining a healthy lifestyle plays a vital role in the prevention and management of many mental conditions. There is also evidence that these patients have a lesser standard of health promotion and physical care and despite national awareness and guidelines early mortality rates have not improved.

The aim of this audit cycle was to firstly establish whether lifestyle interventions are being offered to patients (in a Home Treatment Team) and secondly how could this be further improved. A patient-led lifestyle intervention was introduced whereby the aim was to help patients feel empowered by being able to select an area of lifestyle they would like to improve. A coaching style framework was used and the patient was assisted in setting a lifestyle related goal to help with their mental health recovery.

Methods. An audit was carried out on 20 Physical Health Forms in January 2023 looking at the documentation of lifestyle interventions offered in the following lifestyle domains: smoking, alcohol, substance misuse, diet, exercise and the measuring of waist circumference and weight. This is a form that is usually completed by Psychiatric nurses based in the Worcester South Home Treatment Team during initial patient assessments.

The audit showed low levels of interventions offered to patients for lifestyle domains and therefore staff education on the importance of lifestyle and the importance of measuring waist circumference was delivered within a team meeting setting. A patient led lifestyle questionnaire was also initiated. After implementing this for 3 months, a re-audit was completed of 20 physical health forms in May 2023.

Results. The re-audit results showed an increase in lifestyle interventions offered to patients in all lifestyle domains. There was a 30% increase in patients being offered interventions in exercise, a 40% increase in patients being offered interventions in diet, 20% increase in patients having waist circumference measured, 5% increase in patients being offered substance misuse interventions, 10% increase in patients being offered interventions for alcohol misuse and a 30% increase in patients being offered interventions for smoking.

Conclusion. There is growing evidence that by addressing lifestyle factors we can improve overall patient care outcomes by raising awareness and including lifestyle modification to be a part of the treatment plan. Using a coaching framework can be an effective part of the management plan by helping patients to feel empowered and future focused to improve their lifestyle and therefore their own health.

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Unsuccessful Presentations for Involuntary Admission to an Irish Approved Centre During 2019 and 2021

Dr Cathal McCaffrey*, Dr Mark Daubaras, Dr Shahrizal Ab Karim and Dr Alyson Lee

Lakeview Unit, Naas, Ireland
*Presenting author.

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Aims. Ireland's *Mental Health Act 2001* (MHA) outlines the procedure and criteria for referring patients for involuntary admission. After consultant psychiatrist examination, if appropriate, a referred individual is admitted involuntarily under an admission order (AO). Involuntary admission is only appropriate if the person meets criteria for a "*Mental Disorder*". It's unlawful to detain a person solely because they suffer from personality disorder, are socially deviant, or are addicted to drugs/intoxicants. AOs aren't completed if these criteria aren't met, referral forms are incorrect, or individuals agree to voluntary admission. We aimed to determine (1) the rate of unsuccessful referrals for involuntary admission to an Irish approved centre (Lakeview Unit) during 2019 and 2021, (2) the reasons AOs weren't completed, (3) the source of unsuccessful referrals and (4) the time such referrals were made.

Methods. Unsuccessful referrals for involuntary admission during 2019 and 2021 were identified. Data were collected retrospectively by chart review. We identified the documented reason AOs were not completed, and the time and source of these unsuccessful

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